

## Gift to Agency Report

## A Public Document

GIFT TO AGENCY REPORT

|  |                                      |   |   |
|--|--------------------------------------|---|---|
| <b>1. Agency Name</b>  |                                      | Date Stamp  | <b>California Form 801</b><br>For Official Use Only |
| Department of Consumer Affairs                                   |                                      |   |   |
| Division, Department, or Region (if applicable)<br>Legal Affairs |                                      |   |   |
| Street Address<br>1625 N. Market Blvd., Suite S 309              |                                      |   |   |
| Area Code/Phone Number<br>(916) 574-8220                         | E-mail<br>Albert_Balingit@dca.ca.gov | <input type="checkbox"/> Amendment (explain in comment section)<br>Date of Original Filing: _____<br>(month, day, year) |   |
| Agency Contact (name and title)<br>Albert Balingit               |                                      |   |   |

## 2. Donor Name and Address

|                                     |  |   |  |  |  |
|-------------------------------------|--|---|--|--|--|
| <input type="checkbox"/> Individual |  | <input checked="" type="checkbox"/> Other |  | California District Attorneys' Association |  |
| Last Name                           |  | First Name                                |  | Name                                       |  |
| 921 11th Street, Suite 300          |  | Sacramento                                |  | CA 95814                                   |  |
| Address                             |  | City                                      |  | State Zip Code                             |  |

Seminars and conferences for district attorneys and consumer protection officials.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

|      |    |        |      |    |        |
|------|----|--------|------|----|--------|
| Name | \$ | Amount | Name | \$ | Amount |
|------|----|--------|------|----|--------|

## 3. Payment Information

Date and Amount of Payment (other than travel) 5/29/09 \$ 1006.82  
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel San Diego

|                       |                         |                  |               |                |                    |
|-----------------------|-------------------------|------------------|---------------|----------------|--------------------|
| <u>4/28/09-5/1/09</u> | \$ <u>15.</u>           | \$ <u>938.82</u> | \$            | \$ <u>53.</u>  | \$ <u>1,006.82</u> |
| Date(s) of Travel     | Transportation Expenses | Lodging Expenses | Meal Expenses | Other Expenses | Total Expenses     |

## Provide a specific description of the nature and use of the payment for official agency business:

Attendance at Consumer Protection Prosecution Conference. Three nights lodging per employee at \$139 plus tax per night. An Excess Lodging Rate Request was filed in advance. \$15 for taxi. \$53 for airport parking.

## Identify the officials for whom the payment was used:

|                 |               |                               |                      |
|-----------------|---------------|-------------------------------|----------------------|
| <u>Chang</u>    | <u>Don</u>    | <u>Sup. Sr. Staff Counsel</u> | <u>Legal Affairs</u> |
| Last Name       | First Name    | Title                         | Department/Division  |
| <u>Balingit</u> | <u>Albert</u> | <u>Staff Counsel</u>          | <u>Legal Affairs</u> |
| Last Name       | First Name    | Title                         | Department/Division  |

## 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

|                                      |                         |                                       |                    |
|--------------------------------------|-------------------------|---------------------------------------|--------------------|
| <u>Doreatha Johnson</u>              | <u>Doreatha Johnson</u> | <u>Deputy Director, Legal Affairs</u> | <u>8/18/2009</u>   |
| Signature of Agency Head or Designee | Print Name              | Title                                 | (month, day, year) |

Comment: (Use this space or an attachment for any additional information.)